2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type o	r Print Clearly							
Full Na	me Elizabeth A. Bielecki	,		Work Address	23 Hazen Drive, Co	ncord NH 03305		
Primary	Occupation Director of Motor V	ehicles	e-mail elizabeth.t	oielecki@dos.nh.	gov	Work Phone	603-227-4050	
directo	he office, position, board or comn rs, etc. or employment with s ment held by you. NO AC		Director of the NH Depa	rtment of Safety	, Division of Motor Ve	hicles		
proprie	below the name, address, and typ tor, or employee, or served in ar ar year. Sources of retirement bene	y other professio	nal or advisory capacity	, and from whic	h any income in exc	ess of \$10,000 w	as derived during the preceding	
1.	Rimmon Heights Properties, LLC							
2.	556 Rimmon Street, LLC	mon Street, LLC						
lf you h	ave no qualifying income indicate	by writing your ir	nitials next to the followir	ng statement.	My income	e does not qualify		
reporta discipli	ate below whether you or a family ble special interest in an item on t ne a licensee or permittee, or othe al effect on you or a family membe	his list if a change r decision by gove	in law, a change in admin ernment affecting the list	nistrative rule, a o	decision whether or n	ot to award a con	tract, grant a license or permit,	
	1. Any profession, occupation, profession, occupation, or categ		ed or certified by the Sta Certified Public Accou	•	shire. List each such	· · · · · · · · · · · · · · · · · · ·		
	2. Health Care 🔽 3. Insurance		Estate, including brokers developers, and landlord	· II	Banking or financial vices		te of New Hampshire, county, or ipal employment	
X	11	Current use land sessment program		irants/	10. Sale and dis beverages	tribution of alcoh	olic 11. Practice of law	
	2. Any business regulated by the P ilities Commission		13. Horse or dog racing of gambling	, or other legal fo	orms 🖵 14. Educa	ition 🖵 15.	Water Resources	
	16. Agriculture 17. N.H. taxes:	Profits Ta	x Business Enterprise Tax	Linterest an Dividends		nal: Specify any c special interest —	ther area in which you have a	
I have r person	ead RSA 15-A and hereby swear or who knowingly fails to comply wi	r affirm that the fo th the provisions	regoing information is tr of this chapter or knowin	ue and complete gly files a false st	to the best of my know atement shall be guil	owledge and belie ty of a misdemea	ef. RSA 15-A:9 Penalty. Any nor.	
, Date	January 4, 2019			MMU	Mai		RECEIVED	
2410					nature of Reporting I	ndividual	JAN 0 4 2019	

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE \checkmark